

**Questions and Answers for Alabama Medicaid Agency Radiology Management  
Services ITB (09-X-2198647)  
September 23, 2008**

Division of Purchasing Pricing Page	Can the ALA Medicaid Agency provide vendors the pricing page in Word format?  <b>No. The Pricing Page is only available hard copy.</b>
Page 6, Section 1.3 Schedule of Activities:	Regarding the "Bids Due" date of October 6, 2008; please confirm the <u>time of day</u> that the bids are due.  <b>No later than 5:00 PM Central Daylight Time.</b>
Page 6, Section 1.4. Bidder Qualifications  Page 8, Section 1.8. Bid Submission Requirements	Section 1.4. states that the bidder must submit an individual bid bond, while Section 1.8. offers additional options for providing a financial guarantee.  Does the ALA Medicaid Agency prefer a bond, or may we select another option?  <b>Any of the options listed in Section 1.8 are acceptable.</b>
Page 7, Section 1.4.a Bidders Qualifications	Our organization received Authority for Foreign Corporation to Transact Business in Alabama on January 11, 2007. Will a copy of the notification letter from the Secretary of State and Approved Application Certificate provide adequate assurance to the Alabama Medicaid Agency that we are compliant with this RFP requirement?  <b>Yes.</b>
Page 8, Section 1.8.c Bid Submission Requirements	Is it required that all appendices be submitted in Word 6.0 or a later version?  <b>This is not required for appendices.</b>
Page 8, Section 1.8. Bid Submission Requirements (d) mailed or hand-delivered proposals	Is the bidder permitted to use a FedEx or similar delivery vendor?  <b>Yes. FedEx or similar delivery method is acceptable.</b>
Page 9, Section 1.8.h Bid Submission Requirements	Can the business and technical proposal be submitted together or in separate binders under separate covers – and how many?  <b>They can be submitted together. The price bid should be entered on the Department of Finance Price Sheet (page 5) and placed in the Transmittal Letter Section of the technical bid with the Signature Page.</b>
Page 9, Section 1.8.h Submission Requirements	h. In our response, where would you like us to place our technical and price bid?  <b>The format for technical specifications is found in Section 1.12. The price bid should be entered on the Department of Finance Price Sheet (page 5) and placed in the Transmittal Letter Section of the technical bid with the Signature Page.</b>
Page 10, Section 1.9 Bid Submission Format	d. (1) Please explain your meaning of "proposed administration"?  <b>This is referring to the proposed administration of the contract with regard to experience, staffing, and work plan.</b>

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Page 11, Section 1.12 Technical Specifications Format	<p>Can the ALA Medicaid Agency identify where the following items should be placed within the table of contents for our technical bid:</p> <ul style="list-style-type: none"> <li>▪ Signature page</li> <li>▪ \$5,000 financial guarantee</li> <li>▪ Amendments</li> <li>▪ Certificate of Authority</li> </ul> <p><b>All of these items should be placed in the Transmittal Letter Section.</b></p>
Page 11, Section 1.12 Technical Specifications Format	<p>Do vendors submit the price bid under a separate cover, or do vendors include this in the technical bid? If vendors submit it with the technical bid, where should this document be placed?</p> <p><b>The price bid should be entered on the Department of Finance Price Sheet (page 5) and placed in the Transmittal Letter Section of the technical bid with the Signature Page.</b></p>
Page 11, Section 1.12 Technical Specifications Format	<p>Is there a specific tab format preferred?</p> <p><b>No.</b></p>
Page 11 – Section 1.12.e Technical Specifications Format	<p>Do the appendices need to be numbered?</p> <p><b>No.</b></p>
Page 12 – Section 1.13.n Transmittal Letter	<p>The RFP states that “The successful bidder shall be required to complete a financial disclosure statement and HIPAA agreement with the executed contract.” Can the Agency confirm that these two attachments are not required with the Technical Proposal and will be completed upon finalizing the contract?</p> <p><b>These documents are not required until after the bid has been awarded and the contract is being finalized.</b></p>
Page 16, Section 2.4 Contract Requirements Meeting	<p>Please confirm the location and length of the meeting (e.g., 1 day, multiple days, etc.).</p> <p><b>The location will be the Alabama Medicaid Agency, 501 Dexter Ave., Montgomery, Alabama, and the length of the meeting should not exceed one day.</b></p>
Page 16, Section 2.5 Contract Term	<p>The ITB States the “contractor shall not begin performing work under this contract until notified to do so by Medicaid.” For implementation planning purposes, can the Agency estimate a date when work would begin?</p> <p><b>The Agency anticipates that work will begin soon after the contract start date of November 1, 2008.</b></p>
Page 17, 2.6 Contract Elements	<p>a. Executed contract – What makes up the contract? Is it the sample contract in Attachment A and our response to the ITB? Is there anything additional that we need to include?</p> <p><b>The ITB and any amendments are also part of the contract. If there is an amendment to this ITB, a signed copy should be included with your response.</b></p>

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Page 25, Section 2.31 Termination Claims	<p>Please explain your intent of the following paragraph: “In the event of the failure of the Contractor and Medicaid to agree in whole or in part as to the amounts with respect to costs to be paid to the Contractor in connection with the total or partial termination and shall pay to the Contractor the amount so determined.”</p> <p><b>This section should read: “In the event of the failure of the Contractor and Medicaid to agree in whole or in part as to the amounts with respect to costs to be paid to the Contractor in connection with the total or partial termination of work pursuant to this article, Medicaid shall determine on the basis of information available the amount, if any, due to the Contractor by reason of termination and shall pay to the Contractor the amount so determined.”</b></p>
Page 29-30, Section 2.35 (d) Contract Sanctions- Liquidated Damages	<p>What is the handle time to complete an authorization on your present authorization system?</p> <p><b>The average reviewer processing time is 15 minutes. This is dependent upon the documentation submitted for review of medical necessity.</b></p>
Page 32, Section 3.0 Purpose	<p>Nuclear cardiology is a modality that is often included within the scope of radiology benefit management services. Would you like to include Nuclear Cardiology in the scope of this bid? If so, would you provide an update for Attachment D?</p> <p><b>No.</b></p>
Page 33, Section 3.2 Radiology Service Utilization and Member Information	<p>Within the list of CPT codes (Attachment E), we noticed that you did not include CT Bone Density (77078, 77079), 3D Rendering (76376, 76377) and MR Spectroscopy (76390) and would recommend managing these CPT codes. Would you like to include these codes within your list of CPT codes for this invitation to bid? If so, would you provide an update for Attachment D?</p> <p><b>No.</b></p>
Page 33, Section 3.2 Radiology Service Utilization & Member Information	<p>How frequently will the vendor receive the State’s member eligibility data?</p> <p><b>Since contractor will have direct access to these files it is not anticipated that a file exchange will be needed. However, if contractor’s solution necessitates such files this can be arranged.</b></p>
Page 33 – Section 3.4 Web Interface	<p>Will the Agency consider mandating the use of the web prior authorization submission, as some Medicaid State Agencies have done (i.e. Florida’s Agency for Health Care Administration, AHCA)?</p> <p><b>No.</b></p> <p>If a web interface is not mandated, how many providers does the state expect to use the web-based submission process?</p> <p><b>The number is unknown.</b></p>
Page 33, Section 3.5 Call Center	<p>What is the expected average call volume per day?</p> <p><b>This number is unknown.</b></p>

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	<p>Can the Agency confirm that two separate toll free lines are required (i.e. one for requests and one for inquiries)?</p> <p><b>Only one toll free number is needed but the number of lines necessary to meet performance requirements specified in Section 3.14 must be maintained.</b></p>
Page 34, Section 3.6.c Management Criteria and Protocol	<p>Is there an estimated percent of cases that are expected to be referred to peer review?</p> <p><b>Unknown.</b></p> <p>Is there an estimated denial rate?</p> <p><b>No</b></p>
Page 34, Section 3.6.e Management Criteria and Protocol	<p>Will the Agency permit an electronic interface between Interchange and the contractor's system to electronically transfer the precertifications between the systems?</p> <p><b>The Agency prefers that data entry be made directly to the AMMIS rather than an electronic transfer of data but will work with the vendor on a solution for electronic interface.</b></p>
Page 35, Section 3.8 Prior Authorization Standards	<p>a. What is your definition of an expedited request?</p> <p><b>Expedited requests are for those urgent clinical situations in the office setting where results from the test are needed in order to change/determine a clinical regimen or treatment on the day the test is ordered. An example would be a patient with significant abdominal pain of uncertain origin. A CT in that situation might be used to determine if the patient needed to be admitted to the hospital or not.</b></p> <p><b>These types of requests should not be used routinely. We expect the contractor to monitor the use of expedited requests. If there is abuse (repeatedly requesting expedited requests for non-urgent conditions), then the contractor should report that to Medicaid for intervention.</b></p>
Page 35, Section 3.8a. Prior Authorization process requirements must be entered in to Interchange (Agency system)	<p>What is the typical training time is for a new employee to learn the InterChange pre-auth system?</p> <p><b>Approximately 4 hours.</b></p> <p>Does the ALA Medicaid Agency own the IT system or is it managed by a third-party?</p> <p><b>The IT system is managed by EDS, Alabama Medicaid's fiscal agent.</b></p> <p>Will the vendor have access to a training server during start up? Throughout the length of the contract?</p> <p><b>Training can be provided by EDS and AMA staff in a model office environment. These resources will be available throughout the contract.</b></p>

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	<p>What training would be provided on the State's InterChange system for the vendor's clinical staff or vendor's trainers?</p> <p><b>Training will be provided to clinical staff and others based on experience with other vendors.</b></p> <p>Is your system training processes and policies documented?</p> <p><b>Yes. This will be provided upon contract award.</b></p>
<p>Page 35, Section 3.8.a. Prior Authorization process requirements must be entered in to Interchange (Agency system)</p>	<p>Would the State allow vendor to provide an authorization feed electronically if it can provide compatible authorization numbers and codes?</p> <p><b>The Agency prefers that data entry be made directly to the AMMIS rather than an electronic transfer of data but will work with the vendor on a solution for electronic interface.</b></p> <p>Will the vendor use their authorization number/tracking numbers and provide to the State?</p> <p><b>No. The AMMIS automatically assigns the authorization numbers.</b></p>
<p>Page 35, Section 3.8.a Prior Authorization Standards</p>	<p>Is there an estimate on the number of expedited and routine prior authorization requests?</p> <p><b>No, these are not identified separately in the utilization statistics provided in Attachment D.</b></p> <p>What is the definition of an expedited request? What is the definition of a routine request?</p> <p><b>Expedited requests are for those urgent clinical situations in the office setting where results from the test are needed in order to change/determine a clinical regimen or treatment on the day the test is ordered. An example would be a patient with significant abdominal pain of uncertain origin. A CT in that situation might be used to determine if the patient needed to be admitted to the hospital or not.</b></p> <p><b>These types of requests should not be used routinely. We expect the contractor to monitor the use of expedited requests. If there is abuse (repeatedly requesting expedited requests for non-urgent conditions), then the contractor should report that to Medicaid for intervention.</b></p>
<p>Page 35, Section 3.8.b Prior Authorization Standards</p>	<p>If the provider does submit additional information within 15 calendar days, what is the contractor's timeframe to render a determination based on the new information?</p> <p><b>One business day.</b></p>
<p>Page 35, Section 3.9 Provider Incentive Program</p>	<p>The RFP states, "Contractor must implement a process to provide expedited approval for those providers who have a history of program compliance... Contractor must continue to monitor the performance of those under an expedited review process to ensure that program standards are being met." What is the intent of the expedited approval process?</p>

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	<p><b>The intent is to incentivize physicians to prescribe radiological tests only when medically indicated.</b></p> <p>Does the Agency want a simpler process for approvals or a faster process for approvals?</p> <p><b>Both a simpler and faster process.</b></p>
Page 35, Section 3.10 Inquiries and Complaints	<p>Is there an estimate of the volume of complaints and provider inquiries?</p> <p><b>No.</b></p>
Page 36, Section 3.12 Reporting	<p>What type of information is required to be submitted regarding WEB statistics?</p> <p><b>Statistics on number of requests and inquiries received via this method should be reported.</b></p> <p>How many and what type of ad hoc reports does the Agency anticipate?</p> <p><b>The exact number of ad hoc reports is unknown but should average no more than 2 per month. An example of an ad hoc report would be a request for data run for a particular range of procedure codes in order to answer a legislative inquiry.</b></p> <p>In (b), there is a list of items relating to call center statistics. We would like to know how the State defines "call waiting time", and how it differs from "average speed for answering calls"</p> <p><b>Wait time: the amount of time someone waits before the call is answered by a 'live' person; average speed for answering calls: the amount of time it takes to completely answer a call and hang up.</b></p>
Page 37-38, Section 3.13 (a,b) Informal Review & Fair Hearing	<p>Do you have a case audit instrument that outlines specific elements required in case audit reviews?</p> <p><b>No.</b></p>
Page 37, Section 3.13.a & b Informal Review and Fair Hearing	<p>Please provide the expected average number of Informal Reviews and Fair Hearings to be conducted monthly.</p> <p><b>Based on experience with similar contracts, possibly 10 informal reviews per month and one Fair Hearing every 3 months.</b></p> <p>If the provider does submit additional information within 30 calendar days, what is the contractor's timeframe to make a determination based on the new information?</p> <p><b>Within one business day.</b></p> <p>Where are the Fair Hearings conducted?</p> <p><b>The Fair hearings are normally held in the Medicaid Office in Montgomery, Alabama.</b></p>

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	<p>What is the estimated average length of time of the Fair Hearings?</p> <p><b>One hour</b></p> <p>Is it acceptable for the Contractor's consulting physician and other appropriate personnel who were involved in the denial attend the Fair Hearing via conference call?</p> <p><b>This will be considered on a case by case basis. There may be occasions when physical representation by a witness would be required.</b></p> <p>How many days after the decision does the Contractor have to issue the informal review and/or Fair Hearing notice of determination?</p> <p><b>The outcome of the informal review should be issued within one business day. The outcome of a Fair Hearing will be issued by the AMA.</b></p>
Page 38, Section 3.14 Monitoring, Performance Standards and Corrective Action Plans	<p>b. (2) Is the call waiting time of 60 seconds an average time?</p> <p><b>Yes.</b></p>
Page 38, Section 3.15 Operational Requirements	<p>Will an eligibility file and provider file be sent to contractor on a routine basis (daily or weekly or monthly) to support the clinical operations of the vendor contractor?</p> <p><b>Since contractor will have direct access to these files it is not anticipated that a file exchange will be needed. However, if contractor's solution necessitates such files this can be arranged.</b></p>
Page 38, Section 3.15 Operational Requirements	<p>Would an EDI exchange of authorization data be accepted by the Agency's on-line PA system to load the authorization data electronically?</p> <p><b>This is not currently permitted but the Agency will work with the vendor on a solution for EDI exchange of authorization data.</b></p>
Page 39, Section 3.15 Operational Requirements	<p>Does the connection to the data center require a private circuit or can the VPN be built using the Internet?</p> <p><b>We can provide connection via a secure private circuit to the data center in Orlando or secure connections via VPN.</b></p>
Page 40, Section 3.16.a Key Personnel – Project Manager	<p>The RFP states that the Project Manager will have the responsibility to attend monthly contract status meetings and other meetings upon request. Is the expectation that the Project Manager attend these meetings in person or is a conference call acceptable?</p> <p><b>Conference call is acceptable.</b></p>
Page 41, Section 3.16.d Key Personnel – Call Center Staff	<p>Are there preferred qualifications for the call center staff?</p> <p><b>No preferred qualifications other than prior experience with advanced imaging studies or knowledge about radiology.</b></p>

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	<p>The RFP states that the contractor will need to verify the recipient's eligibility. Will the Agency provide an eligibility file on a routine basis to be loaded into the contractor's system?</p> <p><b>Since contractor will have direct access to these files it is not anticipated that a file exchange will be needed. However, if contractor's solution necessitates such files this can be arranged.</b></p>
General	<p>What is the preferred process for bidders to identify and protect proprietary information?</p> <p><b>Proprietary information should be labeled as such in the header or footer of the page on which is it presented.</b></p> <p>Is there an incumbent that is performing this work currently?</p> <p><b>No. Alabama Medicaid currently contracts for prior authorization of drugs and other medical services, supplies and equipment but this is the first contract for radiology management services.</b></p> <p>What is the amount of funds allocated to this program?</p> <p><b>A specific amount has not been allocated but the cost of the program is to be offset through program savings.</b></p> <p>Is the contractor responsible for all provider education and training of this new prior authorization process or is the Agency planning on performing this function?</p> <p><b>The Agency will be responsible for distribution of provider notices and instructions about the program.</b></p> <p>Will the Agency provide updated provider and member eligibility files on an ongoing basis?</p> <p><b>Since contractor will have direct access to these files it is not anticipated that a file exchange will be needed. However, if contractor's solution necessitates such files this can be arranged.</b></p> <p>Is additional weight given to radiology management companies that have implemented radiology management programs with FFS Medicaid clients?</p> <p><b>Bidders must meet the qualifications stated on page 7 of the ITB. Since this is a low bid procurement, no additional weight will be given as long as the minimum qualifications have been met.</b></p> <p>How should we acknowledge our intent to bid?</p> <p><b>No special acknowledgment is required.</b></p> <p>With regard to attachment D (Radiology Service Utilization and Member Information), what are the places of service?</p> <p><b>Attachment D includes all places of service except inpatient hospital.</b></p>



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